PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

10421758

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

CLAIMS AS FILED - PART I (Column 1)				(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		0				Γ	RATE	FEE	1	RATE	FEE	
FOR		NUMBER	FILED	NUMB	ER EXTRA	Ī	BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS		(O minus 20=		. 0		l	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS		3 minus 3 =		. 0		ŀ	X42=		1	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT						ŀ			OR			
* If the difference in column 1 is less than zero, enter "0" in column 2							+140=		OR	L		
GLAIMS AS AMENDED - PART II							TOTAL	L	OR	TOTAL	250	
a	MENUEL	Colur) - PAH		(Column 3) SMALL EN			ENTITY	OR	OR SMALL ENTITY			
Total Total Independent:	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	• 10	Minus		٥	=	lſ	X\$ 9=		ÖR	TX\$18≐	1971 1984 1984 1389	
	• 3	Minus	Ard to	3	=		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=~	1		+280=		
	APPLICATION APPLICATION AND DESCRIPTION AND DE	agree, are we	4734		•	L	TOTAL	·	OR	TOTAL		
	6-1-4		(Calus	0)	(Caluma 0)	A	DDIT. FEE	• • •	OR	ADDIT. FEE		
	(Column 1)		· (Colur	EST	(Column 3)	١r		ADDI-		. 3	ADDI	
	REMAINING SWAFTER AMENDMENT		NUM PREVIO	DUSLY	PRESENT EXTRA	ŀ	RATE	TIONAL FEE		RATE	TIONAL FEE	
	100	Minus	. 2	20	= :		X\$ 9=		OR	X\$18=		
independents	+ 4	Minus,	***	3	=		X42=	1.574	OR	X84=	4.5	
FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		U F			On.			
						L	+140=		OR	+280=		
			•			AI	TOTAL DDIT. FEE		OR:	ADDIT. FEE		
			(Colur		(Column 3)			•				
Independent	CLAIMS REMAINING. AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Total		Minus	**	. 011	=		X\$ 9=	ree		X\$18=	FEE	
Independent		Minus	274		-	┞	 -		OR	<u> </u>		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X42=		OR	X84≖		
							+140=		OR	+280=	• •	
If the entry in colur	nber.Previously Pa	iid For IN THI	S SPACE I	s less tha	n 20, enter "20."	. <u>,</u> ,	TOTAL DIT, FEE		OR	TOTAL ADDIT. FEE	•	
If the Highest Nur Withe Highest Num	mber Previously Pa	aid For IN THI	S SPACE i	s less tha	n 3, enter "3."	_	7	propriate box	, ,			